MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 97

0571

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural; LENGTH OF STAY (in this place) over 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Flatlands

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown - Rural; STREET ADDRESS (If rural give location) Flatlands

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Mathilde	Clothiers	Jan	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem	White	Widowed	5/14/1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Kent Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elias Deputy	Mrs Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	—	Mrs Fogwell Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia Paralysis of bladder, kidneys

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, old age

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.		—

22. I hereby certify that I attended the deceased from 1/4, 1949, to 1/22, 1949, that I last saw the deceased alive on 1/21, 1949, and that death occurred at about 9:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rock Hall, Md	1/24/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1/25/49	Wesley Chapel	Rock Hall	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 25/49	[illegible]	Edgar L. Lane	Church Hill, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420 1 / 61

0572

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Chestertown Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Anna E. Crew

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Alfred A. Crew

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 14 1873

8. AGE:

Years	Months	Days	If less than one day
75	5	24	hrs. min.

9. Birthplace: Delaware Newcastle Co.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER
12. Name: George W. Atwell
13. Birthplace: Newcastle Co. Delaware

MOTHER
14. Maiden name: Abigail C. Daniels
15. Birthplace: Newcastle Co. Del.

16. Informant: L. P. Atwell
Address: Still Pond Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 10 1949 (month) (day) (year)

Cemetery or crematory: Still Pond

Location: Still Pond Md

18. Funeral director: S. R. Fellows

Address: Still Pond Md

19. Jan. 10 1949 (Date rec'd by registrar) Clara S. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 7th 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20th 1948, to Jan 7th 1949

and that I last saw h[illegible] alive on Jan 7th 1949

Immediate cause of death: High Blood Pressure
Coronary Thrombosis — DURATION: 3 Yrs

Due to:

Due to:

Other conditions: Diabetes — DURATION: 2 Yrs

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L. P. Atwell
M. D. or other

Address: Still Pond Date signed 1-8-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; MARYLAND; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anns Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) T (Middle) Bayard (Last) Crew

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 17, 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Crew

14. MOTHER'S MAIDEN NAME: Mary Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral accident	17 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Portal cirrhosis	18 months
	(c) Intermittent Hemorrhage from esophageal varices	72 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25, 1949, to 1-27, 1949, that I last saw the deceased alive on 1-27, 1949, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. C. Sick, M.D. ADDRESS: Chestertown, Md DATE SIGNED: 1-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: Jan 31/49 | NAME OF CEMETERY OR CREMATORY: Still Pond md | LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: Jan. 29-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: B R Hellows ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Price Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Typo or Print): (First) Baby Girl (Middle) Naomi (Last) Dean

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: January 6 1949 | 9. AGE last birthday yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours 9 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Chestertown, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Harry Dean | 14. MOTHER'S MAIDEN NAME: Naomi Ida Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 9 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6, 1949 to 1-6, 1949 that I last saw the deceased alive on 1-6, 1949, and that death occurred at 12 33 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. C. Dick, M.D. Chestertown, Md. 1-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-8-1949 | NAME OF CEMETERY OR CREMATORY: Denton Cemetery | LOCATION (City, town, or county) (State): Denton

DATE REC'D BY LOCAL REG. Jan. 7-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes | 24. FUNERAL DIRECTOR: Edgar L. Lane | ADDRESS: Church Hill Md

VS-A15

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

0574

2411 N. Charles Street, Baltimore

Evidence for Addition

FILM NO. G 1 19 MAR 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne County	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural give location) Cannon

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	George	R.	Gardner		Jan	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	white	Single	Jun. 22, 1878	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Fisherman	Kent County, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George H. Gardner	Sarah E. Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Maggie Stortz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory failure due to	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis - (3/9/49 also)	
	(c) Urinary Obstruction due to prostatic hypertrophy	2 - 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary & bone joint tuberculosis — 7 - 8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-1, 1948, to 1-10, 1949, that I last saw the deceased alive on 1-10, 1949, and that death occurred at 7.30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert W Barnes	M.D.	Chestertown Md	1-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 12, 1949	Chester	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 12-1949	Clara S. Barnes.	J. Willis Wells	Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 14 1949
BUREAU V. S.

0576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

903.0
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CERTIFICATE OF DEATH

Reg. Dist. No. 203.

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near * Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) EDWARD	(Last) HADAWAY	4. DATE OF DEATH	(Month) January (Day) 24 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH JAN. 2, 1856	9. AGE last birthday 93 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Kent County Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James Hadaway	14. MOTHER'S MAIDEN NAME Caroline Smith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Miss. Jennie Hadaway Rock Hall Maryland			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Traumatic Pneumonia	20 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Age	93
	(c) Arteries & diseases	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Rock Hall	(COUNTY) Kent	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 4 1949 4 p m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell on Corn Stalk Injury to chest		

22. I hereby certify that I attended the deceased from Jan. 6, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 4.9 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Fuller Chestertown Md	1/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 26, 1949	NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem.	LOCATION (City, town, or county) (State) Rock Hall, Maryland
DATE REC'D BY LOCAL REG. 1/25/49	REGISTRAR'S SIGNATURE S. Elwood Burgess	24. FUNERAL DIRECTOR J. Willis Wells	ADDRESS Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 29 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45.15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442 / 131b

0577

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Rural Millington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Kent

City or town Rural Millington
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME George Hall

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Alverta Hall

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 1, 1886

8. AGE: Years: 62 | Months: | Days: | If less than one day ... hrs. ... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farm Labor

11. Industry or business

FATHER
12. Name: Mat Hall
13. Birthplace: Maryland

MOTHER
14. Maiden name: Susie unknown
15. Birthplace: Maryland.

16. Informant: Alverta Hall
Address: Rural Millington Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 6 1949
(month) (day) (year)

Cemetery or crematory: Riley's Neck Grange Chapel

Location: Near Millington Md.

18. Funeral director: Edward Fellows
Address: Millington Md.

19. Jan. 6 1949
(Date rec'd by registrar)
Edward Fellows
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2 1949, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1948, to Jan 2 1949 and that I last saw him alive on Jan 2 1949

Immediate cause of death: Cardio renal disease

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: H. H. Hamilton
M. D. or other

Address: Millington Md. Date signed 1/6/49

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RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

453.1 / 93d

0578

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown: LENGTH OF STAY (in this place) 13 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Fairlee Chestertown RR Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS none	STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) R- (Last) Mills			4. DATE OF DEATH (Month) January (Day) 29 (Year) 1949	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH Mar 27 1872	9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Kent Co. Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Benjamin Collins		14. MOTHER'S MAIDEN NAME Sarah Emory		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Joshua Thompson		

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cardio Vascular	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombosis A. Obliterans	2 mo
	(c) Confined to room	1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gastro Intestinal Hemorrhage	3 days

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1949, to Jan 28, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 3.9 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Chestertown RR - Md	1/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Feb-1st	NAME OF CEMETERY OR CREMATORY Georgetown	LOCATION (City, town, or county) (State) same
DATE REC'D BY LOCAL REG. Jan 29/49	REGISTRAR'S SIGNATURE F W Smith	24. FUNERAL DIRECTOR Asbury Henry	ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

0579

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

153/46d

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Kennedyville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Kennedyville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Fannie Lizzie Bramble Rutter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Henry Rutter

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): August 9, 1875

8. AGE: Years: 73 Months: 4 Days: 28 If less than one day: hrs. min.

9. Birthplace: Sassafras, Kent Co Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: George Thomas Bramble

13. Birthplace: Kent Co. Md

MOTHER

14. Maiden name: Mary Melvina Dellihent

15. Birthplace: Kent Co. Md

16. Informant: Henry Rutter

Address: Kennedyville

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 9 1949 (month) (day) (year)

Cemetery or crematory: Galena

Location: Galena Md

18. Funeral director: B R Fellows

Address: Still Pond Md.

19. Jan. 8, 1949 (Date rec'd by registrar) Clara S. Barnes, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6 1949, at 7.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1944, to Jan 6 1949 and that I last saw her alive on Jan 6 1949

Immediate cause of death: Carcinoma of Intestine — DURATION: 4 yrs

Due to

Due to

Other conditions: Metastases in Liver — 1 year

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Sigmoid and Rectum — Date of op: Mar. 6/44

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Frank W Smith M. D. or other

Address: Chestertown — Date signed: Jan 7/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

0580

CERTIFICATE OF DEATH 83a

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) SHELTON

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1949

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: March 14 1878 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Marlin | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: John A Shelton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, rt. c hemiplegia — Interval between onset and death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis, general — 5yrs +

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN): — | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to Jan 16, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 7 20 a m., from the causes and on the date stated above.

SIGNATURE Theodore F Paprocki (Degree or title) M D | ADDRESS Galena Md | DATE SIGNED Jan 18, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 19 1949 | NAME OF CEMETERY OR CREMATORY: Massey | LOCATION (City, town, or county): Massey | (State): Md.

DATE REC'D BY LOCAL REG. Jan. 18-1949 | REGISTRAR'S SIGNATURE: Edward Fellows. | 24. FUNERAL DIRECTOR: Edward Fellows | ADDRESS: Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0 0581

CERTIFICATE OF DEATH

61 Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) (Last) THOMAS

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3/25/1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) U. S. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ezekiel Colmas
14. MOTHER'S MAIDEN NAME Mary Chaplin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Viola Duckery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy.	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	20 years
	(c) Diabetes mellitus.	8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 19, 1945, to Jan 18, 1948, that I last saw the deceased alive on Jan 16, 1948, and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED 1/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/22/49
NAME OF CEMETERY OR CREMATORY Davis Hill
LOCATION (City, town, or county) (State) Near Galena Md.

DATE REC'D BY LOCAL REG. January 22, 1949
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0582

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Sula (Last) Van Dyke

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 18, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Price Van Dyke

14. MOTHER'S MAIDEN NAME: Achsah Anna Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Achsah V. Crew (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Sclerosis

(c) Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 26, 1949, that I last saw the deceased alive on Jan 26, 1949, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. P. Atwell Physician Still Pond 1/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 28, 1949

NAME OF CEMETERY OR CREMATORY: Chester

LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG. Jan. 28-1949

REGISTRAR'S SIGNATURE: Clarand. Barnes.

24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams - Chestertown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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93d

0583

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown RR — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgetown. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Fairlee
STREET ADDRESS (If rural give location) Chestertown RR

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Ward
4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 14 1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Kent Co Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Noah Phillips
14. MOTHER'S MAIDEN NAME Clara Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Frances Chambers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1940, to Jan 24, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above 1/26/49

SIGNATURE Frank W Smith (Degree or title) MD — ADDRESS Fairlee - Chestertown RR Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Jan 28, 1949 — NAME OF CEMETERY OR CREMATORY Sborton Point — LOCATION (City, town, or county) Sborton RR (State) Md

DATE REC'D BY LOCAL REG. Jan. 28 — REGISTRAR'S SIGNATURE F W Smith — 24. FUNERAL DIRECTOR Asbury Henry — ADDRESS Chestertown Md.

RECEIVED
JAN 31 1949
BUREAU V. S.